

United States Senate

WASHINGTON, DC 20510-4801

Our team may be able to answer basic questions over the phone; however, if your situation requires further investigation, a specialist may open a case and initiate a congressional inquiry on your behalf. The Privacy Act of 1974 requires congressional offices to obtain written permission from an individual before a federal agency can release any specific information to the Senator. If you would like to request help, please complete the following Privacy Release Authorization and return it to our Richmond office as directed below. Family members, friends or other interested parties generally may not authorize the release of information on your behalf. As soon as I receive this form, I will be pleased to do everything I can to provide assistance to you.

Timothy M. Kaine
United States Senate

PRIVACY RELEASE AUTHORIZATION

Federal Agency Involved*: U.S. Federal Bureau of Investigation (FBI)

Briefly describe your situation: *(use additional page if needed)*

~~Explained in letter "CONSTITUENT JOINT REQUEST TO ALL MY REPRESENTATIVES
SUCH AS HON. CONGRESSMAN H. MORGAN GRIFFITH, HON. SENATOR MARK R.
WARNER, HON. SENATOR TIM Kaine, AND COPY TO HON. CONGRESSMAN MARK
WALKER (GREENSBORO FBI UNDER HIS PERSONAL JURISDICTION) – REQUESTING
HELP WITH A FEDERAL AGENCY, U.S. FEDERAL BUREAU OF INVESTIGATION"—~~

I hereby request the assistance of the Office of Senator Tim Kaine to resolve the matter described above and authorize Senator Kaine or his staff to receive any information that may be needed to provide this assistance. The information I have provided is true and accurate to the best of my knowledge and belief. The assistance I have requested from Senator Kaine is in no way an attempt to violate any federal, state or local law.

Brian David Hill May 26, 1990

Full Name (*please print*) & Date of Birth*

310 Forest Street, Apartment 2

Address*

Martinsville, VA 24112

City, State, Zip*

Email address (if available)

Signature*

May 22, 2018

Date _____

(276) 790-3505

Phone Number (including area code)

Social Security Number*

Account/Claim Number*

***Required Information**

While we are happy to work on your behalf, we typically avoid opening a constituent case that is currently being handled by another Senator or House member as this may cause delays in resolution. Do you currently have an open case for the matter described above with another U. S. Senator or Representative?

 Yes X No If yes, please provide the members name _____

RETURN COMPLETED FORM TO:

Senator Tim Kaine
ATTN: Constituent Services
919 E. Main Street, 970
Richmond, VA 23219

OR

Fax (804) 771-8313
ATTN: Constituent Services